

<h1 style="text-align: center; color: red;">Membership Application</h1> <h2 style="text-align: center; color: blue;">National Management Association</h2> <h3 style="text-align: center; color: blue;">Nebraska State Government Chapter</h3>				<p>For Office Use Only</p> <p>Committee Approval _____</p> <p>Board Approval _____</p> <p>Letter Sent _____</p> <p>Recv'd National Packet _____</p> <p>Invited to Orientation Bkfst _____</p> <p>Attended Orientation : Yes No</p>	
Applicant's Name			Agency Name		
(Home) Street Address			Title or Position		(Work) Phone #
(Home) City	State	Zip Code	(Work) P.O. Box		(Work) Street Address
(Home) Phone #			(Work) City	State	Zip Code
Social Security #			(Work) email address		

Describe your management supervisory and/or decision-making authority on behalf of the Agency:
 (Add another sheet if necessary)

<p>With his/her signature, the applicant acknowledges that he/she is a permanent state employee and has management, supervisory and/or decision-making authority on behalf of the agency.</p>	<p>_____</p> <p>Applicant's Signature</p>
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<p>DUES: A \$25 initiation fee is to be submitted with the membership application form with choice of payment. The annual membership fee is \$90. This may be paid by payroll deduction or lump sum payment by member or agency. If selecting payroll deduction, complete form below.</p> <p>If the Agency is paying the membership dues, the Chapter will bill the Agency through the Applicant.</p> <p>Signature of Supervisor approval _____</p> <p>MID-YEAR APPLICATIONS: The Chapter's fiscal year begins July 1. Applications submitted at any other time during the fiscal year will require a \$25 initiation fee and \$7.50 for each month remaining in the fiscal year. This can be handled through payroll deduction or by a lump sum payment by member or agency.</p>	<p>Mail completed application form, initiation fee, and appropriate dues or deduction form (if used) to: Tax ID: 47-0669078 Nebraska State Government Chapter - NMA P.O. Box 95102 Lincoln NE 68509</p> <p>Choose Type of Payment</p> <p>_____ By Member in full</p> <p>_____ By Agency in full</p> <p>_____ Payroll Deduction</p>
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Sponsor's Name: _____

PAYROLL DEDUCTION AUTHORIZATION		NEBRASKA STATE GOVERNMENT CHAPTER NATIONAL MANAGEMENT ASSOCIATION	
Name	S.S. #	Agency	
<p>I hereby authorize the State Accountant to deduct the amount of \$90.00 annually from my pay in installments of \$7.50 monthly, or \$3.75 biweekly and pay over the same to the above named Association. Further, any change in dues approved by the Association is hereby authorized. This deduction shall continue until stopped by action on my part.</p> <p>Payroll Department Phone Number: _____</p>			
Employee Signature		Date	